MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/720537

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
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TOTAL IND.	11	⇩		⇩		⇩
TOTAL DEP.	3					
TOTAL CLAIMS	14					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.						
TOTAL CLAIMS						

* *MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS*

Barbara Campbell
National Stage Processing
(703) 305-3331

FORM PTO-1360 (REV. 3-78)

U.S.DEPARTMENT OF COMMERCE
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